

June 8, 2016

MEMO TO: Senate Health Policy Committee

MEMO FROM: David M. Krhovsky, MD, President

RE: Opposition to Senate Bill 1019

On behalf of the Michigan State Medical Society, I am writing to express our opposition to Senate Bill 1019. This legislation would eliminate a crucial safeguard for patients as it relates to the provision of anesthesia services. Currently, anesthesia is the practice of medicine and requires at least 8 years, and in many instances 9 years, of rigorous post graduate training. The medical specialty of anesthesia has been at the leading edge of patient safety by being uncompromising in the standards required for training and commitment to a team based approach and accountability by the physicians that lead that team. Senate Bill 1019 undercuts this progress by offering a legislative shortcut to the training and education required to earn a medical degree and complete an anesthesia residency. Our specific concerns of Senate Bill 1019 are as follows:

- **Anesthesia services being provided safely, does not mean anesthesia is safe:** The physician community has gone to great lengths to improve safety for patients, however there are still risks that may be unique from patient to patient. During surgery anesthesiologists are like seatbelts, you may not know if and when you will need them, but if something unforeseen occurs you definitely want them around.
- **Senate Bill 1019 requires no additional training for CRNAs:** Senate Bill 1019 is not some sort of response to changes in the training of Certified Registered Nurse Anesthetists. It significantly increases the ability of CRNAs to practice independently via legislation not by additional education.
- **Senate Bill 1019 provides new statutory authority, but zero accountability:** Professional liability and scope of practice are linked. Senate Bill 1019 allows for a CRNA to provide anesthesia services independently, however, because of the expert witness laws in Michigan, a CRNA could provide anesthesia without supervision and any additional training and then use their relative lack of training as a defense in a medical liability case.
- **Existing Law is sufficient:** The current provisions of the Public Health Code offers flexibility for CRNAs to practice under the supervision of the surgeon and does not mandate that anesthesia services only be provided by an anesthesiologist. In those instances when care can safely be provided by CRNAs, surgeons and other physician specialties are willing to accept responsibility and accountability for patient care and routinely rely on CRNAs. Senate Bill 1019 removes this level of accountability.

The Current system is not broken. Anesthesia must be performed by a physician or supervised by a physician in all settings. Anesthesia can result in numerous complications. Patients deserve to have a physician on hand to deal with these complications should the need arise. Patient care should never be sacrificed for the sake of convenience. For these reasons, MSMS opposes Senate Bill 1019.